

Brief Intervention Guidance^a

The Brief Intervention Training Notes on the next page is a reference sheet developed from ten, day-long training sessions on alcohol SBI supported by three federal agencies and presented for staff from emergency departments and trauma centers around the United States. Although designed for acute-care clinical settings, it is also applicable in primary care settings.

FEEDBACK ON SCREENING RESULTS

The FLO (Feedback, Listen, Options) mnemonic was developed to encompass the three major elements of a brief motivational intervention. The feedback element is more important than it might seem at first. Although you may choose not to use the RANGE mnemonic as presented (under the 'Feedback' section), each of those five elements is important in helping patients understand their screening results. Moreover, the fifth element, 'Elicit patient's reaction' is particularly important because it turns responsibility for the discussion over to the patient.

LISTEN FOR CHANGE TALK

The Listen step is the heart of the brief intervention. It may be the most difficult for many in the medical professions because they are trained to dispense expert advice, not to listen, so their first question might be, "Listen for what?" First, listen to how patients feel about getting a screening result that means they are drinking too much. Then summarize those feelings. The goal is to help patients think about the pros and cons of their current drinking pattern. By asking for both, you are not setting up an argument you will lose, that is, an argument where you are on the side of drinking less or stopping, and the patient is on the side of continuing the current behavior. That's an argument the patient has already practiced.

Instead, you set up a balanced approach by setting the patient up to argue with him or

herself, both pro and con. Then, you are in a position to listen for "change talk," the patient's own words that support change. The important thing is to listen for patients' specific language, so that you can repeat it back. By using their words, you make it clear that you are not arguing, but are just neutrally pointing out that they have thoughts and feelings on both sides of the issue.

OPTIONS

In the Options step, you start to conclude the interaction. If the patient is ready to do that, all you have to ask is "Where does this leave you?" They will take it from there. With other patients, you can just present the five choices provided by the MENUS mnemonic.

As a healthcare expert you may be pulled to provide advice. If you do that, make sure to use the Ask-Advise-Ask method. It not only reduces resistance but also indicates respect, strengthens rapport, and lets you know whether the patient actually heard your advice.

Sometimes, people wonder why 'Continue Usual drinking pattern' is included as an option. No matter what you might believe, the power to decide, in reality, belongs to the patient. In acknowledging that reality, you communicate to them clearly that the responsibility for changing behavior is theirs. No matter which option they choose, you understand the difficulty of their situation and respect their right to control their own lives. That will help end the interaction on good terms.

^a Centers for Disease Control and Prevention. *Planning and implementing screening and brief intervention for risky alcohol use: a step-by-step guide for primary care practices*. Atlanta, GA: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, 2014.

Orient the Patient

- Identify yourself** and explain your role on the trauma team.
- Get permission**, explicit or implicit, from the patient to talk together for a few minutes.
- Explain the purpose** of this discussion is to
 - 1) give them information about health risks that may be related to their drinking,
 - 2) get their opinions about their drinking, and
 - 3) discuss what, if anything, they want to change about their drinking.

Feedback

Using Binge Question

- R**ange: The number of drinks people have on a single occasion varies a great deal, from nothing to more than 10 drinks.
- A**nd we know that having too many drinks at one time can alter judgment and reaction times.
- N**ormal: Most drinkers in the United States have fewer than 2 () or 3 () drinks on a single occasion.
- G**ive Binge Questions results. "You drank more than that ___ times last month, increasing your risk for health problems."
- E**licit the patient's reaction. "What do you make of that?"

Using AUDIT

- R**ange: AUDIT scores can range from 0 (non-drinkers) to 40 (probably physically dependent on alcohol).
- A**UDIT has been given to thousands of patients in medical settings, so you can compare your score with theirs.
- N**ormal AUDIT scores are 0–7, which represent low-risk drinking. About half of the U.S. population doesn't drink.
- G**ive patients their AUDIT score. "Your score of ___ means you are (at risk or high risk), putting you in danger of health problems."
- E**licit the patient's reaction. "What do you make of that?"

Listen for Change Talk

- Goals**
- a) Listen for pro-change talk—the patient's concerns, problem recognition, and downsides of drinking.
 - b) Summarize the patient's feelings both for and against current drinking behavior.
"On the one hand . . . On the other hand . . ."

- Methods**
- "What role do you think alcohol played in your injury?"
 - Explore **pros and cons** of drinking. "What do you like about drinking? What do you like less about drinking?"

- Is this patient interested in change?**
- "On a scale of 0 to 10 [with 0 indicating not important, not confident or not ready], rate. . ."
 - ". . . how **important** it is for you to change your drinking behavior?"
 - ". . . your level of **readiness** to change your drinking behavior?"
 - "Why did you choose ___ [the # stated] and **not a lower** number?"
- If the patient is interested in changing, use these questions.**
- "What would it take to raise that number?"
 - "How **confident** are you that you can change your drinking behavior?"

Reflect and summarize throughout.

Options

"Where does this leave you? Do you want to quit, cut down, or make no change?"

- You could:
- M**anage your drinking,
 - E**liminate drinking from your life,
 - N**ever drink and drive,
 - Continue **U**sual drinking pattern, or
 - S**eek help.

If appropriate, ask about a **plan**. "How will you do that? Who will help you? What might get in the way?"

Close on Good Terms

- S**ummarize the patient's statements in favor of change.
- E**mphasize the patient's strengths.
- W**hat agreement was reached?

If You Give Advice

When you have significant concerns or important information to impart, use this approach. It reduces the possibility of patient resistance.

- Ask:** Ask permission to discuss your concerns.
- Advise:** If permission is granted, give information or share your concerns.
- Ask:** Ask for the patient's reaction to your comments.

April 2009: C Dunn, C Field, D Hungerford, S Shellenberger, J Macleod

✓ **Always thank the patient for speaking with you.**